



UNIVERSITY MEDICAL CENTER
Lubbock, Texas

Patient Label Here

DISCLOSURE AND CONSENT REGARDING DELIVERY OPTIONS

TO THE PATIENT: You have the right as a patient to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

1. I understand that I have had one or more prior cesarean(s).
2. I understand that I have the option of undergoing an elective repeat cesarean or attempting a vaginal birth after a cesarean (VBAC).
3. I understand that many women who undergo a VBAC will successfully deliver vaginally.
4. I understand that there is a risk of a uterine rupture during a VBAC, but the risk is low in someone such as myself, who has had a prior incision in the non-contracting part of my uterus.
5. I understand that VBAC is associated with a higher risk of harm to my baby than to me and these risks have been explained to me.
6. I understand that if my uterus ruptures during my VBAC that there may not be sufficient time to operate and to prevent the death or permanent brain injury to my baby.
7. I understand that the decision to have a VBAC is entirely my own, and the option of an elective repeat cesarean has been discussed with me.
8. I understand that a VBAC carries a lower risk to me than does cesarean delivery.
9. I understand that if I deliver vaginally, I most likely will have fewer problems after delivery and a shorter hospital stay than if I have a cesarean delivery.
10. I understand that during my VBAC, the use of oxytocin (Pitocin) hormone to make my uterus contract may be necessary to assist me in my vaginal delivery, and the risks of this drug have been thoroughly explained to me.
11. I understand that if I choose a VBAC and later require a cesarean during labor, I have a greater risk of problems than if I had an elective repeat cesarean and these risks have been explained to me.
12. I certify this form has been fully explained to me, that I have read it or have had it read to me, and that I understand its contents.

I have received all of the information that I want and need to make an informed decision. After discussing this matter with my doctor:

- I want to attempt a VBAC _____
Patient Signature
- I want a repeat cesarean delivery _____
Patient Signature

(Sign your name next to your choice)





UNIVERSITY MEDICAL CENTER
Lubbock, Texas

Patient Label Here

VBAC (Vaginal Birth after Cesarean (cont.))

I have explained the procedure/treatment, including anticipated benefits, significant risks and alternative therapies to the patient or the patient's authorized representative.

_____	_____ A.M. (P.M.)	_____	_____
Date	Time	Printed name of provider/agent	Signature of provider/agent

_____	_____ A.M. (P.M.)
Date	Time

_____	_____
*Patient/Other legally responsible person signature	Relationship (if other than patient)

_____	_____
*Witness Signature	Printed Name

- UMC 602 Indiana Avenue, Lubbock TX 79415 TTUHSC 3601 4th Street, Lubbock TX 79430
 - UMC Health & Wellness Hospital 11011 Slide Road, Lubbock TX 79424
 - OTHER Address: _____
- Address (Street or P.O. Box) City, State, Zip Code

Interpretation/ODI (On Demand Interpreting) Yes No _____

Date/Time (if used)

Alternative forms of communication used Yes No _____

Printed name of interpreter Date/Time

Date procedure is being performed: _____



Date _____

Resident and Nurse Consent/Orders Checklist

Instructions for form completion

Note: Enter “not applicable” or “none” in spaces as appropriate. Consent may not contain blanks.

- Section 1: Enter name of physician(s) responsible for procedure and patient’s condition in lay terminology. Specific location of procedure must be indicated (e.g. right hand, left inguinal hernia) & **may not be abbreviated.**
- Section 2: Enter name of procedure(s) to be done. Use lay terminology.
- Section 3: The scope and complexity of conditions discovered in the operating room requiring additional surgical procedures should be specific to diagnosis.
- Section 5: Enter risks as discussed with patient.
- A. Risks for procedures on List A must be included. Other risks may be added by the Physician.
 - B. Procedures on List B or not addressed by the Texas Medical Disclosure panel do not require that specific risks be discussed with the patient. For these procedures, risks may be enumerated or the phrase: “As discussed with patient” entered.
- Section 8: Enter any exceptions to disposal of tissue or state “none”.
- Section 9: An additional permit with patient’s consent for release is required when a patient may be identified in photographs or on video.
- Provider Attestation: Enter date, time, printed name and signature of provider/agent.
- Patient Signature: Enter date and time patient or responsible person signed consent.
- Witness Signature: Enter signature, printed name and address of competent adult who witnessed the patient or authorized person’s signature
- Performed Date: Enter date procedure is being performed. In the event the procedure is NOT performed on the date indicated, staff must cross out, correct the date and initial.

If the patient does **not** consent to a specific provision of the consent, the consent should be rewritten to reflect the procedure that the patient (authorized person) is consenting to have performed.

For additional information on informed consent policies, refer to policy SPP PC-17.

Consent

<input type="checkbox"/> Name of the procedure (lay term)	<input type="checkbox"/> Right or left indicated when applicable
<input type="checkbox"/> No blanks left on consent	<input type="checkbox"/> No medical abbreviations

Orders

<input type="checkbox"/> Procedure Date	<input type="checkbox"/> Procedure
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Signed by Physician & Name stamped

Nurse _____ Resident _____ Department _____

THIS FORM IS NOT PART OF THE MEDICAL RECORD